MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 1 175)

FILING DATE SERIAL NO.

CLAIMS														
100	AS I	AS FILED		.AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		VIS	٥		٥		٥	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	4		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	↓		1	1	ļ		┨	51_	 		<u> </u>	·		
3	╂	1	 	╂┼-	<u> </u>	 	┪	52 53	 		 			
4	 	1	 	 			1	54			<u> </u>	 		
5	1	10		 	ļ		1	55			1			
6		(1)					1	56						
7		0					1	57			1			
8		12					1	58						
9		42]	59						
10	<u> </u>	TU					1	60						
11		(1)	ļ	11.				61						
12		0						62						
13		9						63						
14	ļ	B						64						
15								65						
16 17	 	\mathcal{U}			\vdash			66 67						
18			!. 					68			- 		+	
19								69						
20								70				1		
21								71			İ			
22								72						
23							[73						
24								74						
25								75						
26								76						
27							ļ	77				_		
28							ļ	78						
29 30							ł	79		∤			· .	
30							ł	80 81	-					
32							ł	82		-				\dashv
33							ľ	83						
34					1		İ	84						
35							Ì	85						
36							Ī	86	T					
37							1	87						
38								88						
39]					Į	89						
40_						i	ļ	90						
41							}	91				\longrightarrow		
42							ŀ	92 93						
43							ł	93	-+					
45							ŀ	95					-+	
46							ł	96	-+	+			+	
47					-+			97				 		
48							ſ	98						
49							Ī	99						
50	:							100						
TOTAL		n A		l J		n l		TOTAL IND.	ſ	ηŢ		n T		n l
TOTAL DEP.		∥ك	14	ا ك		لاي		TOTAL DEP.		_⊶ } ├		┈ ╸┢		
TOTAL CLAIMS			<u> </u>		<u> </u>			TOTAL CLAIMS	Ŋ.		Î		Į.	- No.
CLAIMS		10 to 10 to 1		1.98-4° 53.3	<u></u>	W. Mari		CLAIMS				12.50		